

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth stated.

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 153
Registered No. 553

1. PLACE OF BIRTH Gila County _____ State _____
District or Township Miami or Village _____
City _____ No. _____ St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Mario Villalobos
(If child is not yet named, make supplemental report, as directed.)

3. Sex of Child m To be answered ONLY in event of plural births. 4. Twin, triplet or other _____ 5. No. in order of birth _____ 6. Legitimate? yes 7. Date of birth 8 15 30
Month Day Year

8. FATHER Full name Melesio Villalobos 14. MOTHER Full maiden name Guadalupe Luna

9. Residence (Usual place of abode) Miami If non-resident, give place and state. 15. Residence (Usual place of abode) Miami If non-resident, give place and state.

10. Color or race Mex 11. Age at last birthday 29 (Years) 16. Color or race Mex 17. Age at last birthday 22 (Years)

12. Birthplace (city or place) Mexico (State or country) 18. Birthplace (city or place) Mexico (State or country)

13. Occupation Nature of Industry miner 19. Occupation Nature of Industry H.W.

20. Number of children of this mother 2 (Taken as of time of birth of child herein certified and including this child.) (a) Born alive and now living 2 (b) Born alive but now dead _____ (c) Stillborn _____ 21. Were precautions taken against ophthalmia neonatorum? yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*
I hereby certify that I attended the birth of this child, who was alive at 5 m. on the date above stated.
(Born alive or stillborn)

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.
Signature [Signature] (Physician or midwife).

Given name added from a supplemental report _____ Address _____
Month, day, year

Filed Oct-8, 1930 C. E. Dorris Registrar
452-815-731